## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT se read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information  1. Name and Mailing Address of Respondent	Respondent														
Lumos Telephone Inc. One Lumos Plaza Waynesboro, VA 22980	980												Che is a add	Check here if this is a change of address.	
2. Year Report Filed 2017		3. Reporting Period Period Covered b	Reporting Period (Ending Date of Pay Period Covered by Report) 3/15/2017	ng Date of Pa oort)	¥		4. Number of Reporting a. Fe	Number of Full-Time Employees during Selected     Reporting Period (check one):	nployees dur cone): complete Secondete all sections	ing Selected tions I, IV, an	d ∨ only)				
SECTION II - Full-Time Employees.	es.														
							Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
, in the second	1							Race/Ethnicity							
Categories	His	Hispanic or						Not-Hispan	Not-Hispanic or Latino						Total
		Latino			Male	ile					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	>	В	С	D	Е	F	6	I	-	د	*	г	Z	z	0
Executive/Senior Level Officials and Managers	1.1		2	1											w
and	1.2		3												ω
Professionals	2		9	2					7						18
Technicians	ω		16												16
Sales Workers	4	- 112													0
Administrative Support Workers	55								7						7
Craft Workers	6		12						1						13
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9		1												_
TOTAL	10 0	0	43	ω	0	0	0	0	15	0	0	0	0	0	61
PREVIOUS YEAR TOTAL	11 1	0	41	2	0	0	0	0	14	0	0	0	0	0	58

							Nur (Report emp	Number of Employees (Report employees in only one category)	one category	3					
Job								Race/Ethnicity	y						
Categories	I	Hispanic or						Not-Hispar	Not-Hispanic or Latino						Total
		Latino			N	Male					Fer	Female			Columns
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	2
	A	В	С	D	т	П	G	I	-	۷	_	-	2	z	0
Executive/Senior Level 1.1 Officials and Managers															0
First/Mid-Level Officials and 1.2 Managers	2														0
Professionals	2														0
Technicians	ω														0
Sales Workers	4														0
Administrative Support Workers	5h														0
Craft Workers	6														0
Operatives 7	7														0
Laborers and Helpers 8	8														0
Service Workers 9	9														0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination Con	nplaints Pursua	ant to 47 CFF	₹ 22.321, 23.5	55, 90.168, 10	1.4, and 101.	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body having Commission Commission g parties inv	that no complain competent juris that the following olved, date filed	nts regarding idiction in suc	violations of th matters dur alleging viola gencies before	the equal emp ing the calend tions of the pn which the ma	loyment provar year cover	isions of Fede red by this rep ry equal emplo heard, file nu	ral, state, terri ort. Dyment opport	torial, or local unity statute I designation,	statutes haw	e been filed ag d against this tatus or dispos	painst this company.			
SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	vledge, infor	mation, and bel	ef, all statem	ents in this re	port are true a	nd correct.									
Date 5-9-17 N	ary Mo	Typed or Printed Name of Person Signing Mary McDermott	on Signing			Signature	anh	3/16		t WI		Telephone No. (540) 94	Telephone No. (540) 946-2000		
Title of Person Signing ' SVP - General Counsel	sel			OF ANY STA	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S. OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S. C. 503).	SE OR CONS	STRUCTION F	FORM ARE F	UNISHABLE S.C. 312 (A)	BY FINE AND (1) AND/OR F	ORFEITURE	ONMENT (18 (47 U.S.C. 50	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	AND/OR REV	OCATION